

4444 Rice Street, Suite 140
Lihue, HI 96766-1340

(PLEASE PRINT CLEARLY. USE ADDITIONAL SHEETS OF PAPER AS NECESSARY.)

JOB APPLIED FOR: _____ SSN: _____

****NOTE:** *No single factor is considered definitive in determining legal residence. Rather, all information submitted for the purpose of sustaining your claim of current or former legal residence in Hawaii will be taken into consideration.*

c) Were you granted benefits as a resident of that state? ☐ Yes ☐ No

5. **Hawaii Voter Registration.** Are you registered to vote in the state of Hawaii elections?

☐ **Yes** (Submit a copy of your voter registration. Your voter registration must have been properly authorized. Answer questions 5a, 5b, and 5c below)

a) Date of registration _____
MONTH/YEAR

b) In which county are you registered to vote? _____
(e.g. C & C of Honolulu, Hawaii County, Maui County, Kauai County)

c) I last voted in a Hawaii election in _____
MONTH/YEAR

☐ **No** (Check one below)

☐ I am not registered to vote in any state.

☐ I am registered to vote, or last voted, in a state other than Hawaii as follows:

State: _____ Date: _____
MONTH/YEAR

For the current or upcoming election, I plan to vote as a legal resident of _____
STATE

5. **State Income Taxes.**

a) To which state did you last file **resident** income taxes? _____
STATE

b) For what year did you last file **resident** taxes to that state? _____
YEAR

c) Have you ever filed Hawaii State Income Taxes as a Hawaii **resident**?
☐ **Yes** ☐ **No**
If yes, for which year(s)? _____
YEAR(S)

c) For the **current** year, to which state do you plan to file **resident** income taxes? _____
STATE

e) Are you claimed as a dependent **for income tax purposes**?
☐ **Yes** ☐ **No**
If yes, please complete the following:

Claimed as a dependent by: _____
LAST NAME, FIRST NAME, M.I.

Relationship to you _____

This person last paid **resident** state taxes to _____ for _____
STATE YEAR

7. **Other Substantiating Information.** State below any other information that would help substantiate your claim of legal residence in Hawaii. Submit documentation to verify your statements.

I certify that all statements given are true and correct to the best of my knowledge and belief, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment with the County of Kaua`i.

I hereby authorize any appropriate governmental agencies and/or educational institutions to release information to confirm my reponses to the County of Kaua`i, Department of Personnel Services.

SIGNATURE _____ DATE _____